# FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Wall Processing Section

Washington, D.C. 20549

FORM D

AUG 1 2 2008

Washington, DC 103

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

**SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION 14124121

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form.....1

SEC USE ONLY						
Prefix	Serial					
1						
DATE RECEIVED						

-							<del></del>
Name of Offering ( check if this is an	amendment and name has cha	inged, a	nd indicate change.)				
Series A Preferred Stock						· · · · · · · · · · · · · · · · · · ·	
Filing Under (Check box(es) that apply)	☐ Rule 504		☐ Rule 505	☑ Rule 506		Section 4(6)	☐ ULOE
Type of Filing:			New Filing		×	Amendment	
	A. B/	ASIC IE	ENTIFICATION DA	ATA			
1. Enter the information requested abo	out the issuer					1,18779142114	III JESSE ENIO APESA (ANEL ESSE ANALARE)
Name of Issuer ( check if this is an an	nendment and name has chang	ed, and	indicate change.)				
Green Hedges, Inc.							
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Included and Street, City, State, Zip Code)						Incluc n	8057954
483 Hazelwood Ave., San Francisco, CA 94127 (415) 637-2321							
Address of Principal Business Operation (if different from Executive Offices)	s (Number and Street, City, S	ate, Zip	Code)	Telephone Nu	mber (	Including Area Code	)
Brief Description of Business				•	DD	OCESSED	\
P&C Insurance					<u>rr</u>	OCESSED	<u> </u>
Type of Business Organization						10 0 0 0000	
			Alline2(fie2008ecify):				
☐ business trust	☐ limited partnership, to l	e forme	ed	Ti	ر مما	(CONDEUTE)	30
Month Year THOMSON REUTERS							<b>75</b>
Actual or Estimated Date of Incorporation	on or Organization:	(	09	07	[23	A	□ Estimated
Jurisdiction of Incorporation or Organiza	ation: /Enter two_letter II \$	Poetal	Service abbreviation (	for State:	Æ	Actual [	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)						1	DE

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

# State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Rodkin, John  Business or Residence Address (Number and Street, City, State, Zip Code)  483 Hazelwood Ave., SF, CA 94127								
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	E Executive Officer	☑ Director	☐ General and/or Managing Partner			
	t name first, if individual)			• 40				
Business or Res	idence Address (Number and	Street, City, State, Zip Code)						
	Ave., SF, CA 94127							
Check Boxes that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Las Chang, Leo	t name first, if individual)		·	<del></del>				
Business or Res	idence Address (Number and Ave., SF, CA 94127	Street, City, State, Zip Code)						
Check Boxes that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Entities affiliated with El Dorado Ventures								
	idence Address (Number and Road, Suite 200, Menlo Park,							
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Las	name first, if individual)				•			
Business or Res	idence Address (Number and	Street, City, State, Zip Code)						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
	name first, if individual)							
Business or Res	idence Address (Number and	Street, City, State, Zip Code)						

B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.								Yes N	o_x_				
2.	2. What is the minimum investment that will be accepted from any individual?								\$ N/A_				
3.	Does the of	Tering permit	joint owner	ship of a sir	ngle unit?		*******************	••••••••••		***************************************	***************************************	Yes X N	o
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
N/A													
Full	Name (Last	name first, if	individual)		•								
Bus	iness or Resi	dence Addres	ss (Number a	and Street, (	City, State,	Zip Code)							
Nan	ne of Associa	ated Broker of	r Dealer										
Stat	es in Which	Person Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers	<u> </u>						
(Ch	eck "All Stat	es" or check	individual S	tates)							***************************************		All States
[AL	]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)		IIN	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO)
IMT	ו	[NE]	[NV]	[NH]	INJI	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
· [RI]	•	ISCI	[SD]	[TN]	(TX)	(UT)	[VT]	[VA]	[VA]	įwvį	[WI]	[WY]	[PR]
· ·		name first, if		11	(1.7.)	10.1	1111	1,,,,	( , , , ,	1,,,,1	()	1.1.11	17.13
			•										
Bus	iness or Resi	dence Addres	ss (Number a	and Street, (	City, State,	Zip Code)						•••	
Nan	ne of Associa	ated Broker or	r Dealer										
State	es in Which I	Person Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers							
(Che	eck "All State	es" or check i	individual S	tates)		*****************	•••••						All States
[AL	J	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	{IA	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	IMOI
[MT	<b>י</b> ן	[NE]	[NV]	[NH]	ונאן	[NM]	[NY]	[NC]	[ND]	ЮН	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	IUTI	[VT]	[VA]	[VA]	[WV]	(WI)	[WY]	[PR]
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
(AL		[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	ID
(IL)		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	IMIJ	[MN]	[MS]	IMOI
[MT		[NE]	INVI	[NH]	[NJ]	[NM]	 [NY]	(NC)	[ND]	јон)	jokj	[OR]	[PA]
(RI)		ISCI	ISDI	ITNI	ITXI	IUTI	IVTI	(VA)	IVAL	IWVI	iwii	IWYI	IPRI

# Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Offering Price Sold Debt S Equity S 1,243,000.00 S 1,027,795.14

☐ Preferred Common Convertible Securities (including warrants)..... Partnership Interests Other (Specify \_\_\_\_\_) \$ 1,027,795.14 \$ 1,243,000.00 Total..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases \$ 1,.027,795.14 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount

 Security
 Sold

 Type of Offering
 \$

 Rule 505
 \$

 Regulation A
 \$

 Rule 504
 \$

 Total
 \$

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees		3
Printing and Engraving Costs		\$
Legal Fees	×	\$ <u>25,000.00</u>
Accounting Fees		<b>S</b>
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		<b>S</b>
Other Expenses (Identify)		\$
Total	×	\$ <u>25,000.00</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
<ul> <li>Enter the difference between the aggregate offering price given in response to Part C – Question 4.a. This difference is the "adjuste"</li> </ul>	\$1,218,000.00						
<ol> <li>Indicate below the amount of the adjusted gross proceeds to the issuer to If the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issuer set</li> </ol>	Payment To Others						
Salaries and fees		□ s	□ <b>\$</b>				
Purchase of real estate		□ s	□ s				
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s				
Construction or leasing of plant buildings and facilities		□ s	□ s				
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger Repayment of indebtedness	)	□ s	□ s				
Working capital			<b>∑</b> \$1,218,000.00				
Other (specify):							
		□ s	□ s				
		□ s					
Column Totals		□ s					
Total Payments Listed (column totals added)	***************************************	<b>≭</b> \$ <u>1,218.0</u>	00.00				
D. FEDERAL SIGNATURE							
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange (non-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issuer (Print or Type)	Signature		Date				
Green Hedges, Inc.	/M/U	n	7/31/08				
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Peter Werner	Assistant Secretary						
	<u>/</u>						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

